



## Organic Handling and Processing System Plan

BUSINESS NAME:

WSDA ORGANIC CERTIFICATION NUMBER  
(RENEWAL APPLICANTS ONLY):

COUNTY WHERE BUSINESS IS LOCATED:

STATE WHERE BUSINESS IS LOCATED:

### SECTION A. GENERAL INFORMATION [NOP 205.201 and 205.401]

The National Organic Program (NOP) requires all operations seeking certification to develop an organic system plan that is agreed to by the certified operation and an accredited certifying agent. A certified operation must update this system plan on an annual basis in order to verify continued compliance.

The organic system plan must include the following:

- A description of practices and procedures - including the frequency with which they will be performed,
- A list and detailed information regarding each substance to be used in organic handling,
- A description of the monitoring practices and frequency the practices will be performed,
- A description of the recordkeeping system that complies with the rule,
- A description of the practices in place to prevent commingling of organic and non-organic products,
- A description of the practices in place to prevent contamination of organic products with prohibited substances,
- Any additional information required by the certifying agent in order to evaluate compliance.

1. Do you have a copy of the National Organic Standards? ☐ Yes ☐ No

2. Are you a New Applicant? ☐ Yes ☐ No

2a. If, "No," what was the first year you were certified by WSDA Organic Food Program?

3. Have you previously *applied* for organic certification? ☐ Yes ☐ No

3a. If, "Yes," please list the certification agency, the year the application was made, and the outcome of the application.

4. If currently, or previously certified, did you receive a Notice of Noncompliance or a letter notifying you that in order to maintain organic certification conditions must be met? ☐ Yes ☐ No ☐ N/A

4a. If, "Yes," please list the noncompliance(s) or condition(s) and state how the issues have been resolved.

5. Have you ever been denied certification or had your certification suspended or revoked? ☐ Yes ☐ No ☐ N/A

5a. If "Yes," please describe the circumstances.

6. Are you currently certified by an agency Other than WSDA Organic Food Program? ☐ Yes ☐ No

6a. If, "Yes," please list the name of the agency and the first year certified by that agency.

7. **WA STATE PROCESSORS** – Do you have a current Food Processor License with WSDA Food Safety Division? ☐ Yes ☐ No

**If "No," please contact WSDA Food Safety Division at (360) 902-1876 to obtain an application packet. Please note that your Organic Processor Certificate cannot be issued until you have first obtained this required license.**



## Organic Handling and Processing System Plan

### SECTION B. COMPANY OVERVIEW - CHAIN OF CUSTODY

1. Please indicate which handling categories apply to this facility and your company. Please check all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Processor of multi-ingredient products   | <input type="checkbox"/> Wholesale Grocery Distributor | <input type="checkbox"/> Marketing Company<br>(Fill out AGR 2248 instead of this form) |
| <input type="checkbox"/> Processor of single-ingredient products  | <input type="checkbox"/> Warehouse/Storage Facility    | <input type="checkbox"/> Brokerage<br>(Fill out AGR 2248 instead of this form)         |
| <input type="checkbox"/> Packer of raw agriculture products       | <input type="checkbox"/> Other (please specify):       | <input type="checkbox"/> Retail Store<br>(Fill out AGR 2247 instead of this form)      |
| <input type="checkbox"/> Repacker of previously packaged products |  | <input type="checkbox"/> Restaurant<br>(Fill out AGR 2247 instead of this form)        |

2. What *specific* type of handling or processing occurs at this facility (i.e. fruit packing, coffee roasting, IQF vegetables, grain cleaning)?

3. Does your company own the organic products that are handled at this facility? ☐ Yes ☐ No ☐ Own some/Custom handle some

3a. If "Yes," at what point do you take ownership the ingredients or products handled at your facility?

4. Please indicate your estimated annual production of food products.	% Organic	% Non-organic/conventional
---	-----------	----------------------------

5. Does your company handle or process, or plan to handle or process, the same product in both an organic and in a conventional form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

5a. If "Yes," please provide a list of the products that you handle or process in both an organic and conventional form.

**Please attach a separate sheet of paper if necessary.**

#### PRIVATE LABELING

6. Does your company plan to custom process or custom label organic products for another company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

6a. If "Yes," please complete the table below with the company or companies that you plan to custom label or custom process for.

**Please attach a separate sheet of paper if necessary.**

Company Name	Product Name (exactly as appears on label)	Is the contracting company an organically certified company?	Please identify the certification agency listed on the label.

#### SUB-CONTRACTS

7. Does your company plan to contract with any farms or Other handling facilities to <b>produce, process, store, or label</b> organic products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------



## Organic Handling and Processing System Plan

7a. If "Yes," please complete the table below.

*Please attach a separate sheet of paper if necessary.*

Contract Farm or Company Name	Address	Phone No.	Organic Certification Agency of the Farm or Contracting Company

8. Is your company responsible for sourcing ingredients for the organic products processed at your facility? ☐ Yes ☐ No

8a. If "No," please identify the responsible party or parties.

9. Please indicate how organic products handled or processed by your company are marketed. Please check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Bulk Sales to Food Processors                              | <input type="checkbox"/> Export to European Countries |
| <input type="checkbox"/> Retail or Bulk Sales to Food Distributors or Retail Stores | <input type="checkbox"/> Export to Japan              |
| <input type="checkbox"/> Direct Sales to Consumers                                  | <input type="checkbox"/> Other (please specify):      |

### SECTION C. HARVEST AND TRANSPORTATION OF ORGANIC CROPS [NOP 205.103, 205.270, 205.272]

1. Does your company arrange for, or is your company responsible for, the **harvest** of organic crops? ☐ Yes ☐ No

1a. If "No," move onto question #2.

1b. If "Yes," how do you ensure there are no non-organic crop residues in harvest equipment?

- |  |  |
|--|--|
| <input type="checkbox"/> Equipment used for organic crops only | <input type="checkbox"/> Equipment is cleaned prior to organic crop harvest or use |
|--|--|

1c. Is harvest equipment cleaning documented? ☐ Yes ☐ No

1d. If "Yes," please indicate what type of cleaning documentation is maintained.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Clean truck/equipment affidavits | <input type="checkbox"/> Clean out records | <input type="checkbox"/> Other (please specify): |
|---|--|--|

2. Does your company arrange for, or is your company responsible for, the **transportation** of organic crops? ☐ Yes ☐ No

2a. If "No," move onto question #3.

2b. If "Yes," how you ensure there are no non-organic crop residues in transport equipment?

- |  |  |
|--|--|
| <input type="checkbox"/> Equipment used for organic crops only | <input type="checkbox"/> Equipment is cleaned prior to organic crop harvest or use |
|--|--|

2c. Is transport equipment cleaning documented? ☐ Yes ☐ No

2d. If "Yes," please indicate what type of cleaning documentation is maintained.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Clean truck/equipment affidavits | <input type="checkbox"/> Clean out records | <input type="checkbox"/> Other (please specify): |
|---|--|--|

3. Does your company provide harvest containers to farms for organic products? ☐ Yes ☐ No

3a. If "No," move onto Section D – Receiving – Incoming Organic Products.



## Organic Handling and Processing System Plan

3b. If "Yes," are the containers,			
<input type="checkbox"/> New	<input type="checkbox"/> Used for organic crops only	<input type="checkbox"/> Cleaned prior to use	<input type="checkbox"/> Lined prior to use
3c. How are harvest containers identified as "organic"?			

### SECTION D. RECEIVING – INCOMING ORGANIC PRODUCTS [NOP 205.103, 205.270, 205.272]

1. How are organic products are received at your facility? Please check all that apply.		
<input type="checkbox"/> Bins	<input type="checkbox"/> Bulk bags	<input type="checkbox"/> Wholesale boxes
<input type="checkbox"/> Bulk trailer	<input type="checkbox"/> Totes	<input type="checkbox"/> Retail packages
	<input type="checkbox"/> Drums	<input type="checkbox"/> Other (please specify):
2. What receiving/shipping documents accompany incoming organic products? Please check all that apply.		
<input type="checkbox"/> Organic certificate	<input type="checkbox"/> Clean truck/equipment affidavits	<input type="checkbox"/> Scale ticket
<input type="checkbox"/> Transaction certificate	<input type="checkbox"/> Invoice	<input type="checkbox"/> Contracts
<input type="checkbox"/> Field ticket	<input type="checkbox"/> Purchase order	<input type="checkbox"/> Certificates of analysis
	<input type="checkbox"/> Bill of lading	<input type="checkbox"/> Other (please specify):
3. How are products identified as "organic" on receiving documents?		
4. Is an internal lot code assigned at the time of receipt of organic products?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. If "Yes," please describe the lot code system.		
5. Please describe how your company ensures <b>incoming</b> organic products are protected from contamination of prohibited substances and commingling with non-organic products.		

### SECTION E. CLEANING, SANITATION [NOP 205.103, 205.270, 205.272]

The NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Procedures used to maintain the organic integrity of ingredients or products must be documented.

1. Check all cleaning methods used prior to processing or handling organic products.		
<input type="checkbox"/> No Cleaning or Purging Occurs - <b>Move onto Section F – Packing-Processing</b>	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Soap and water
<input type="checkbox"/> Sweeping	<input type="checkbox"/> Manual washing	<input type="checkbox"/> Steam cleaning
<input type="checkbox"/> Scraping	<input type="checkbox"/> Clean in place (CIP)	<input type="checkbox"/> Sanitizing
<input type="checkbox"/> Vacuuming	<input type="checkbox"/> Purging of equipment	<input type="checkbox"/> Other (please specify):



## Organic Handling and Processing System Plan

2. Please list all cleaning and/or sanitation materials used on food contact equipment and food contact surfaces. Please indicate which cleansers/sanitizers will be used during handling or processing of organic food products.  <i>Please attach a separate sheet of paper if necessary.</i>				<input type="checkbox"/> None Used (Go to question #7)	
Cleansers/Sanitizers Used	Where is the material used (on what equipment or surface)?	Used Prior to Organic Handling or Processing?	Frequency of Use	Check if cleaning is documented	
3. Is the use of cleansers followed by a potable water rinse?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None Used
4. Does your facility test food contact surfaces or rinsate water for cleaner/sanitizer residues?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are Quaternary Ammonia products used prior to processing and/or handling organic products? <i>Please note that Quaternary Ammonia products are known to leave residues on food contact surfaces. You must ensure steps are taken to prevent contamination of food products if Quaternary Ammonia products are used at your facility.</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5a. If "Yes," what steps are taken to prevent contamination of organic food?					
6. Please describe how your operation ensures organic products are not contaminated by a cleanser or sanitizer at your facility.					
7. Is equipment purged prior to handling or processing organic products?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
7a. If "Yes," please list and describe purge procedures and the quantities purged.					
8. Please describe how your operation documents and records cleaning, sanitation, and/or purge practices and procedures.  <i>Please attach a separate sheet of paper if necessary.</i>					



## Organic Handling and Processing System Plan

### SECTION F. PACKING, PROCESSING [NOP 205.103, 205.270, 205.272]

1. Please indicate what production records are maintained by your company.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Equipment clean-out logs    | <input type="checkbox"/> Ingredient Usage Reports | <input type="checkbox"/> Shrinkage log                      |
| <input type="checkbox"/> Product specification sheet | <input type="checkbox"/> Production log           | <input type="checkbox"/> Ingredient inventory reports       |
| <input type="checkbox"/> Ingredient inspection forms | <input type="checkbox"/> Shift production log     | <input type="checkbox"/> Finished product inventory reports |
| <input type="checkbox"/> Batch recipes               | <input type="checkbox"/> QC reports               | <input type="checkbox"/> Packaging reports                  |
|  | <input type="checkbox"/> Waste log                | <input type="checkbox"/> Other (please specify):            |

2. How are products identified as "organic" on production documents?

3. Are your packing or processing lines and/or equipment dedicated for use with organic products only?

☐ Yes ☐ No

3a. If "No," please describe how you ensure organic products are not contaminated with prohibited materials or commingled with non-organic products during **packing and/or processing**.

4. How are partial pallets/boxes/drums of organic products handled and how does your company ensure they are protected from commingling with non-organic products during packing or processing?

### SECTION G. POST HARVEST MATERIALS [NOP 205.272, 205.601]

A **post harvest material** is a substance that is used on a raw organic crop prior to packaging or processing of the crop. In order to use a post harvest material on an organic crop product, the material must be an approved agricultural product or must be listed in section 205.601 of the National List.

1. Please indicate what type(s) of post harvest materials are at your facility. Check all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>NONE USED – Move onto Section H – Processing Aids</b> | <input type="checkbox"/> Anti-Microbial Agents | <input type="checkbox"/> Anti-foaming agents     |
| <input type="checkbox"/> Waxes  | <input type="checkbox"/> Anti-Fungal Agents    | <input type="checkbox"/> Sanitizers              |
| <input type="checkbox"/> Floatation Agents  | <input type="checkbox"/> Sprouting Inhibitors  | <input type="checkbox"/> Other (please specify): |



## Organic Handling and Processing System Plan

2. Please list **all** post harvest materials used at your facility in the table below. Please be sure to indicate which materials are used **with organic products**.

*Please attach a separate sheet of paper if necessary.*

Used with organic products?	Product Used	What is the Function of the Substance?	Source Name and Phone #	Is the Substance on the National List?

### SECTION H. PROCESSING AIDS [NOP 205.272, 205.605-205.606]

According to the NOP, a **processing aid** is defined as (a) substance that is added to a food during processing, but is removed in some manner from the food before it is packaged in its finished form; (b) a substance that is added to a food during processing, is converted into constituents normally present in the food, and does not significantly increase the amount of the constituents naturally found in the food; and (c) a substance that is added to a food for its technical or functional effect in the processing, but is present in the finished food at insignificant levels and does not have any technical or functional effect in that food.

- In order to use a processing aid in or on an organic product labeled as "100% organic" the processing aid must be certified organic.
- In order to use a processing aid in or on an organic product labeled as "organic," or "made with organic (specific ingredients or food groups)," the processing aid must be an approved agricultural product or must be listed in section 205.605 of the National List.

1. Please indicate what types of Processing Aids are used in the manufacturing of products at your facility. Check all that apply.

- ☐ **NONE USED – Move onto Section I - Water** ☐ Filtering agent
- ☐ Anti-sticking or release agents ☐ Anti-caking agent
- ☐ Enzymes ☐ Other (please specify):

2. Please list **all** processing aids used at your facility. Please be sure to indicate which materials are used **with organic products**.

*Please attach a separate sheet of paper if necessary.*

Used with organic products?	Product Used	What is the Function of the Substance?	Source Name and Phone #	Is the Substance on the National List?	Is the substance Certified Organic?



## Organic Handling and Processing System Plan

### SECTION I. WATER [NOP 205.103, 205.272, 205.601, 205.605]

1. How is water used at your facility?

☐ **NOT USED – Move onto Section J - Storage**

☐ Product transport (Fruit Floating)

☐ Cleaning equipment

☐ Cleaning organic products

☐ Other (please specify)

☐ Ingredient

☐ Cooling

☐ Cooking

2. Source of water: ☐ Municipal ☐ On-site well ☐ Other (please specify):

3. Does the water meet the Safe Drinking Water Act?

☐ Yes

☐ No

4. Is water treated on-site?

☐ Yes

☐ No

4a. If "Yes," please indicate what water treatment processes are used.

5. Describe how you monitor water quality.

6. Is chlorine, calcium hypochlorite, chlorine dioxide, or sodium hypochlorite used in wash water or flume water at your facility?

☐ Yes

☐ No

6a. If "Yes," how often do you monitor or test discharge or effluent water to ensure the residual chlorine level in water leaving your facility is maintained at or below 4ppm (the maximum chlorine residual limit under the Safe Water Drinking Act)?

☐ Daily

☐ Monthly

☐ Weekly

☐ Annually

☐ Other (please specify):

6b. Please describe how you document the results of your monitoring or testing.

7. Is steam used in the processing or packaging of food products?

☐ Yes

☐ No

7a. If "No," move onto to Section J - Storage.

7b. If "Yes," does steam have direct contact with organic food products?

☐ Yes

☐ No

7c. If "Yes," do you use?

☐ Steam filters

☐ Testing of condensate

☐ Condensate traps

☐ Testing of finished products

☐ Other (please specify):

7d. Are boiler water additives used during food handling or processing?

☐ Yes

☐ No

7e. If "No," move onto to Section J – Storage.





## Organic Handling and Processing System Plan

7f. If "Yes," please list all products used as boiler additives in the table below. Please indicate which boiler water additives will be used during handling or processing of organic food products.

**Attach MSDS and/or label information for boiler additives you plan to use during organic handling or processing.**

Name of Boiler Water Additive	Used During Organic Handling or Processing?	Source Name and Phone #	Is the Substance on the National List?

7g. If boiler water additives are used during organic processing, please indicate how you prevent prohibited volatile boiler additives from contaminating organic ingredients or products.


### SECTION J. STORAGE [NOP 205.270, 205.272]

1. Does your company store organic products at this facility? ☐ Yes ☐ No

1a. If "No," move onto Section K – Packaging, Storage Containers, Shipping Containers. If "Yes," please provide details on your storage areas by completing the following table.

Use	Location /Name of Storage Area(s)	Type/Capacity	Is Storage Unit Dedicated Organic?
Incoming Raw Product Storage			
Ingredient Storage			
Packaging Material Storage			
In-process Storage			
Finished Product Storage			
Other (Please specify):			

\* If off-site storage is utilized, please ensure the name, address, and phone number of the facility is noted in Section B, Table 7a.

2. Are organic products stored in Controlled Atmosphere (C.A.)? ☐ Yes ☐ No

2a. If "Yes," are the organic C.A. rooms on a separate air supply from rooms that contain treated fruit? ☐ Yes ☐ No



## Organic Handling and Processing System Plan

3. Please describe how you ensure organic products are not contaminated with prohibited materials or commingled with non-organic products during storage. Please include details on both incoming product storage and finished product storage.

### SECTION K. PACKAGING, STORAGE CONTAINERS, AND SHIPPING CONTAINERS [NOP 205.270, 205.272]

The NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Packaging materials, bins, and storage containers must not contain a synthetic fungicide, preservative, or fumigants. Reusable bags or containers that have been in contact with any substance in such a manner as to compromise the organic integrity unless the bag or container has been thoroughly cleaned. Procedures used to maintain the organic integrity of ingredients or products must be documented.

1. Does this facility pack organic products into retail packages or place organic products in storage or shipping containers?

☐ Yes

☐ No

1a. If "No," move onto Section L – Shipping-Outgoing Products. If "Yes," what type(s) of packaging materials or storage/shipping containers do you use? Please check all that apply.

☐ Paper

☐ Glass

☐ Aseptic

☐ Cardboard

☐ Metal

☐ Synthetic fiber

☐ Wood

☐ Foil

☐ Natural fiber

☐ Plastic

☐ Waxed paper

☐ Other (please specify):

☐ Poly

2. Are all packaging materials and/or storage and shipping containers food grade?

☐ Yes

☐ No

3. Have any packaging and/or storage and shipping containers been exposed to synthetic fungicides, preservatives, or fumigants?

☐ Yes

☐ No

4. Are packaging materials and/or storage and shipping containers reused?

☐ Yes

☐ No

4a. If "Yes," please describe how organic products are protected from contamination when placed in the reused container.

5. Please describe how you identify packages or containers as organic.

6. Is all packaging and labeling equipment cleared of organic identification prior to all subsequent conventional runs?

☐ Yes

☐ No

☐ N/A



## Organic Handling and Processing System Plan

### SECTION L. SHIPPING – OUTGOING ORGANIC PRODUCTS [NOP 205.103, 205.270, 205.272]

1. How do organic products leave your facility? Please check all that apply.

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Bins         | <input type="checkbox"/> Bulk bags | <input type="checkbox"/> Wholesale boxes         |
| <input type="checkbox"/> Bulk trailer | <input type="checkbox"/> Totes     | <input type="checkbox"/> Retail packages         |
|                                       | <input type="checkbox"/> Drums     | <input type="checkbox"/> Other (please specify): |

2. Please indicate what shipping or sales documents are maintained by your company. Please check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Pallet/tote ticket | <input type="checkbox"/> Clean truck affidavit | <input type="checkbox"/> Contracts                |
| <input type="checkbox"/> Bill of lading     | <input type="checkbox"/> Purchase order        | <input type="checkbox"/> Certificates of analysis |
| <input type="checkbox"/> Sales invoice      | <input type="checkbox"/> Scale ticket          | <input type="checkbox"/> Other (please specify):  |

3. Do all documents clearly identify products as organic?

☐ Yes ☐ No

4. Does your company arrange outgoing product transport?

☐ Yes ☐ No

**4a. If “No,” move onto Section M. Pest Management**

4b. If “Yes,” have transport companies been notified of organic handling requirements?

☐ Yes ☐ No

5. How does your company ensure outgoing transport units are cleaned prior to loading loose, bulk organic products?

- |   |   |
|---|---|
| <input type="checkbox"/> Not Applicable, only packaged products are shipped | <input type="checkbox"/> Clean out records      |
| <input type="checkbox"/> Clean truck/equipment affidavits                   | <input type="checkbox"/> Other (please specify) |

6. Are organic products shipped in the same transport units as non-organic products?

☐ Yes ☐ No

6a. If “Yes,” please indicate what steps are taken to segregate organic products.

- |   |   |
|---|---|
| <input type="checkbox"/> Use of separate pallets        | <input type="checkbox"/> Separate area in transport unit                  |
| <input type="checkbox"/> Organic product shrink wrapped | <input type="checkbox"/> Organic product sealed in impermeable containers |
|   | <input type="checkbox"/> Other (please specify)                           |

### SECTION M. PEST MANAGEMENT [NOP 205.271]

The NOP Rule requires a certified handling company to use management practices to prevent pests that includes, but is not limited to, the removal of pest habitat, food sources and breeding areas, and prevention of access to the facility. Environmental factors such as temperature, light, humidity, atmosphere, and air circulation may also be used to prevent pests. Control of pests may be accomplished by mechanical or physical controls including, but not limited to, traps, light, sound, or lures and repellants that use nonsynthetic or synthetic substances consistent with the National List. If these measures are not effective, a synthetic substance not on the National List may be used, provided the certifying agent approves use of the substance, method of application, and measures taken to prevent contact with ingredients or organic products. Use of pest control products must be documented and included as part of the organic system plan.

1. What type of pest management system does your facility use?

- ☐ In-house: Name of responsible person \_\_\_\_\_
- ☐ Contract pest control service: Name, address, phone number \_\_\_\_\_
- ☐ None used



## Organic Handling and Processing System Plan

2. Check all pest problems at your facility.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No pest problems | <input type="checkbox"/> Flying insects | <input type="checkbox"/> Birds                  |
| <input type="checkbox"/> Crawling insects | <input type="checkbox"/> Rodents        | <input type="checkbox"/> Other (please specify) |

3. Check all pest management practices used at your facility.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Good sanitation                          | <input type="checkbox"/> Incoming ingredient inspection | <input type="checkbox"/> Vitamin baits            |
| <input type="checkbox"/> Removal of exterior habitat/food sources | <input type="checkbox"/> Ultrasound/light devices       | <input type="checkbox"/> Pyrethrum                |
| <input type="checkbox"/> Clean up spilled product                 | <input type="checkbox"/> Release of beneficials         | <input type="checkbox"/> Rotenone                 |
| <input type="checkbox"/> Sealed doors and/or windows              | <input type="checkbox"/> Sticky traps                   | <input type="checkbox"/> Boric acid               |
| <input type="checkbox"/> Repair of holes/cracks                   | <input type="checkbox"/> Electrocutors                  | <input type="checkbox"/> Diatomaceous earth       |
| <input type="checkbox"/> Screened windows/vents                   | <input type="checkbox"/> Pheromone traps                | <input type="checkbox"/> Fumigation*              |
| <input type="checkbox"/> Physical barriers                        | <input type="checkbox"/> Mechanical traps               | <input type="checkbox"/> Fogging*                 |
| <input type="checkbox"/> Air curtains                             | <input type="checkbox"/> Freezing treatments            | <input type="checkbox"/> Crack and crevice spray* |
| <input type="checkbox"/> Monitoring                               | <input type="checkbox"/> Heat treatments                | <input type="checkbox"/> Other (please specify)   |

\* The use, frequency, and method of application of these synthetic substances must be approved by WSDA. Please explain how organic products are protected from exposure to these substances at your facility.

### SECTION N. QUALITY ASSURANCE [NOP 205.103, 205.270, 205.272 ]

The National Organic Program requires a certified operation to maintain records regarding the handling of organic products. These records must be adapted to the particular business or operation, must fully disclose all activities and transactions of the certified operation in sufficient detail to be readily understood and audited, must be maintained for five years, and must be sufficient to demonstrate compliance with the National Organic Program Rule.

In order to gain a better understanding of your company and the quality assurance systems, or recordkeeping systems, in place at your facility, please complete the following section.

1. Do you have standard operating procedures for organic processing and/or handling? If "Yes," please attach a copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a Quality Assurance program in place? 2a. If "Yes," please indicate what type of program. <input type="checkbox"/> ISO <input type="checkbox"/> HACCP <input type="checkbox"/> Total Quality Management <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are any outside quality assessment services used (i.e. EuropGap, AIB)? 3a. If "Yes," please list the name of the company.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your company conduct product testing? 4a. If "Yes," please list the types of quality or residue testing conducted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are ingredient samples retained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## Organic Handling and Processing System Plan

6. Are finished product samples retained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have a recall system in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your company conduct internal audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Can your record keeping system track the finished product back to all ingredients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Can your record keeping system balance organic ingredients in and organic products out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. The NOP requires records related to an organic product be maintained for five years. Please describe your system for maintaining records related to organic products.		

### SECTION O. PRODUCT FLOW [NOP 205.270, 205.272]

Please attach a schematic product flow chart for **each different** processing and/or handling line at your facility. The flow chart(s) must:

- Show the movement of all organic products, from incoming/receiving through production to outgoing/shipping.
- Indicate where ingredients are added.
- Indicate where post harvest materials and/or processing aids are used.
- Indicate all equipment and storage areas associated with organic products.